

**IOWA DEPARTMENT OF NATURAL RESOURCES
WATER SUPPLY SECTION
CONSTRUCTION PERMIT APPLICATION**

SCHEDULE-3b, Source Information

Date Prepared	Project Identity
Date Revised	

Ground Water:

1. Source Identification, Location and Capacities:

Well No.	Check One		Check one		Source Location (Section-Township-Range)	Aquifer	Well depth (feet)	Rated Capacity (gpm)
	Existing Well	Proposed Well	Primary Use	Secondary Use				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
TOTAL								

2. Have any wells been determined to be potentially under the direct influence of a surface water? Yes ☐ No ☐
- If yes, do you intend to maintain this (these) wells as active or standby water sources? Yes ☐ No ☐
3. Have any wells been determined to be vulnerable to organic chemical contamination? Yes ☐ No ☐
- If yes, do you intend to maintain this (these) wells as active or standby water sources? Yes ☐ No ☐

Surface Water:

1. Provide the following information on any **existing surface water source**:
- a. Water Source: _____
 - b. Intake Location: _____
 - c. Type of Intake: _____
 - d. Intake Capacity: _____ gallons per minute
2. Provide the following information on any **proposed surface water source**:
- a. Water Source: _____
 - b. Intake Location: _____
 - c. Type of Intake: _____
 - d. Intake Capacity: _____ gallons per minute